

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Shirley C NICKNAME LAST SUFFIX Thompson		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 681705 San Antonio, TX 78268		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mary Virginia NICKNAME LAST SUFFIX Petty		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6750 Lendell Dr San Antonio TX 78249		RECEIVED CITY OF SAN ANTONIO CITY CLERK 2003 APR 28 A 10:21
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 691-0551		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 03 / 25 / 03 04 / 23 / 03		
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 05 / 03 / 03		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Mayor	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box; Apt. / Suite #; City; State; Zip Code <input type="checkbox"/> additional pages		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

1,075.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

2382.69

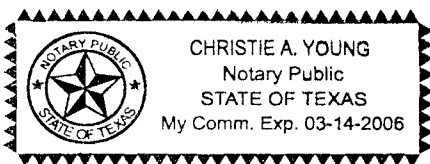
OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Shirley Thompson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shirley Thompson, this the 25th day of April, 20 03, to certify which, witness my hand and seal of office.

Christie A Young
Signature of officer administering oath

Christie A Young
Printed name of officer administering oath

Member Service Officer
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

1

2 FILER NAME

Shirley Thompson

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/27

5 Full name of contributor

☐ out-of-state PAC (ID#)

Sumner A Lymburner

6 Contributor address; City; State; Zip Code

400 W. Bitters Rd Ste 1305
San Antonio, TX 78216

7 Amount of
contribution (\$)

50.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/11

Full name of contributor

☐ out-of-state PAC (ID#)

Mallory L. Miller Jr

Contributor address; City; State; Zip Code

10519 Tioga Dr
San Antonio, TX 78230

Amount of
contribution (\$)

\$1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/23

Full name of contributor

☐ out-of-state PAC (ID#)

Mary Sadowski

Contributor address; City; State; Zip Code

12319 Autumn Vista Dr
San Antonio, TX 78249

Amount of
contribution (\$)

25.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Shirley Thompson

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

4/17/03

7 Name of lender

☐ out-of-state PAC (ID#: _____)**William B. Thompson Sr**

9 Loan Amount (\$)

400.00

6 Is lender a financial Institution?

Y

(N)

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

☒ none

13 GUARANTOR INFORMATION

☐ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed

17 Principal Occupation

18 Employer

Date of loan

4/23/03

Name of lender

☐ out-of-state PAC (ID#: _____)**William B. Thompson Sr**

Loan Amount (\$)

800.00

Is lender a financial Institution?

Y

(N)

Lender address; City; State; Zip Code

**8363 Dawnwood Dr
San Antonio, TX 78250**

Interest rate

Maturity date

Description of Collateral

☒ none

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.**

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 2

2 FILER NAME Shirley Thompson

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/01/03

5 Payee name Paper Plus
6 Payee address; City; State; Zip Code
8842 Broadway
San Antonio TX 78217

7 Amount (\$) \$23.61

8 Purpose of payment (See instructions regarding type of information required.)
Printing Supplies

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date 4/04/03

Payee name Minuteman Press
Payee address; City; State; Zip Code
6983 Blanco Rd
San Antonio, TX 78216

Amount (\$) \$34.75

Purpose of payment (See instructions regarding type of information required.)
Printing Services

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date 4/15/03

Payee name U.S. Postmaster
Payee address; City; State; Zip Code
Leon Valley Branch
S.A. TX 78238

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
APR 28 A 10:20

Purpose of payment (See instructions regarding type of information required.)
postage

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date 4/15/03

Payee name Paper Plus
Payee address; City; State; Zip Code
8842 Broadway
San Antonio TX 78217

Amount (\$) \$172.60

Purpose of payment (See instructions regarding type of information required.)
Printing Supplies

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 2

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/15/03

Expressions Printing

6 Payee address; City; State; Zip Code

4/17/03

1106 Austin Hwy
San Antonio TX 78209

\$485.44

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Printing Services

Date

Payee name

Amount (\$)

4/17/03

Master Mailing Services

Payee address; City; State; Zip Code

4/23/03

8852 Broadway
San Antonio TX 78217

\$642.00

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Bulk Mail Service

Date

Payee name

Amount (\$)

4/18/03

Office Depot

Payee address; City; State; Zip Code

4/24/03

5601 Bandera Rd
San Antonio TX 78238

\$2.21

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Copy Service

Date

Payee name

Amount (\$)

4/18/03

U.S. Postmaster

Payee address; City; State; Zip Code

4/22/03

Leon Valley Branch
San Antonio TX 78238

12.58

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Postage

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED